

Germany's expanding role in global health

Kickbusch, Ilona; Franz, Christian; Holzscheiter, Anna; Hunger, Iris; Köhler, Carsten; Jahn, Albrecht; Razum, Oliver; Schmidt, Jean-Olivier

Postprint / Postprint

Zeitschriftenartikel / journal article

Zur Verfügung gestellt in Kooperation mit / provided in cooperation with:

Wissenschaftszentrum Berlin für Sozialforschung (WZB)

Empfohlene Zitierung / Suggested Citation:

Kickbusch, I., Franz, C., Holzscheiter, A., Hunger, I., Köhler, C., Jahn, A., ... Schmidt, J.-O. (2017). Germany's expanding role in global health. *The Lancet*, 390(10097), 898-912. [https://doi.org/10.1016/S0140-6736\(17\)31460-5](https://doi.org/10.1016/S0140-6736(17)31460-5)

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC-ND Lizenz (Namensnennung-Nicht-kommerziell-Keine Bearbeitung) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:

<https://creativecommons.org/licenses/by-nc-nd/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC-ND Licence (Attribution-Non Commercial-NoDerivatives). For more information see:

<https://creativecommons.org/licenses/by-nc-nd/4.0>

Kickbusch, Ilona et al.

Article — Accepted Manuscript (Postprint)

Germany's expanding role in global health

The Lancet

Provided in Cooperation with:
WZB Berlin Social Science Center

Suggested Citation: Kickbusch, Ilona et al. (2017) : Germany's expanding role in global health, The Lancet, ISSN 1474-547X, Elsevier, London, Vol. 390, Iss. 10097, pp. 898-912, [http://dx.doi.org/10.1016/S0140-6736\(17\)31460-5](http://dx.doi.org/10.1016/S0140-6736(17)31460-5)

This Version is available at:
<http://hdl.handle.net/10419/208374>

Standard-Nutzungsbedingungen:

Die Dokumente auf EconStor dürfen zu eigenen wissenschaftlichen Zwecken und zum Privatgebrauch gespeichert und kopiert werden.

Sie dürfen die Dokumente nicht für öffentliche oder kommerzielle Zwecke vervielfältigen, öffentlich ausstellen, öffentlich zugänglich machen, vertreiben oder anderweitig nutzen.

Sofern die Verfasser die Dokumente unter Open-Content-Lizenzen (insbesondere CC-Lizenzen) zur Verfügung gestellt haben sollten, gelten abweichend von diesen Nutzungsbedingungen die in der dort genannten Lizenz gewährten Nutzungsrechte.

Terms of use:

Documents in EconStor may be saved and copied for your personal and scholarly purposes.

You are not to copy documents for public or commercial purposes, to exhibit the documents publicly, to make them publicly available on the internet, or to distribute or otherwise use the documents in public.

If the documents have been made available under an Open Content Licence (especially Creative Commons Licences), you may exercise further usage rights as specified in the indicated licence.



<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Germany's expanding role in global health

A Lancet Paper

Authors: Ilona **Kickbusch** (Graduate Institute of International and Development Studies, Geneva), Christian **Franz** (CPC Analytics), Anna **Holzscheiter** (Freie Universität Berlin), Iris **Hunger** (Robert Koch Institute), Albrecht **Jahn** (University of Heidelberg), Carsten **Köhler** (University of Tübingen), Oliver **Razum** (University of Bielefeld), Jean-Olivier **Schmidt** (GIZ)

"I'm glad that after the German G7 presidency global health is now also going to be a priority under our G20 presidency. With this decision taken by our Federal Chancellor, Angela Merkel, a global health policy is going to be a hallmark of our country's international responsibility. Only if we cooperate can we really prepare the world for future health crises"

Federal Health Minister Hermann Gröhe¹

Abstract

Over the past ten years, Germany has become a more visible actor in Global Health, but little academic research exists analysing this development. This article attempts to fill this gap, by describing how this shift is complementary to a broader change in perspective in German foreign policy. Catalysts for this shift have been strong leadership at the top, a window of opportunities through G7/20 presidencies and the Ebola outbreak. We propose four characteristics of German global health engagement. These are to a large extent congruent with the approaches and goals of the SDG-agenda for health. The combination of momentum and specific characteristics makes the country well equipped to become a leader in global health. Yet, it needs to accept a larger financial responsibility for global health, expand its domestic global health competencies, reduce fragmentation of global health policy making, and solve major incoherencies in its policies. at home and abroad.

6 Key Messages

1. Germany entered the global health debate late as compared to some other G7 countries, but the country's visible financial and political engagement has grown over the past decade complemented by a shift in foreign policy and propelled by stronger political leadership and the Ebola outbreak.
2. Germany's global health agenda is congruent with the SDG agenda, it is rooted in a human rights approach, multilateralism, the Bismarck model of social protection, and a link between development and investment based on its own trajectory.
3. Germany's multilateral orientation in foreign policy makes it likely that global health engagement will continue to be a priority, but to claim leadership in global health Germany must ramp up its financial commitments to soon reach the 0.1 percent target of official development assistance for health.
4. Policy incoherencies in domestic policies (e.g. access of refugees/migrants to health services) and international policies (e.g. international tobacco regulation) remain and need to be resolved to correspond to Germany's values in global health policy.
5. Germany's domestic global health expertise is still limited and needs to be strengthened to effectively build partnerships and alliances across sectors as well as to integrate global health consistently in its foreign policy strategy.
6. Germany's strong capacities in health research are under-utilized for cooperation with developing countries. Institutionalised funding for "African-German" health research and education partnerships on poverty related diseases would strongly support Germany's role in global health and achieving the SDGs.

1 A new context

The G20 Summit hosted this year by Germany is overshadowed by discussions on global uncertainty and protectionism. There are many indications that the United States is no longer willing to support an agenda that upholds multilateralism, globalization, and free trade and will possibly reduce its foreign aid contributions radically. In anticipation of those developments, the Munich Security Conference in February 2017 gave the clear signal that Europe will need to take on more global responsibility and that Germany in particular is challenged to act.²

This general trend also applies to global health. There is mounting concern that the golden era of global health - which was closely linked to globalization and interconnectedness - has come to an end.³ Financial contributions are stagnating and the largest global health funders - the USA and the United Kingdom (UK) - might not retain their political and financial commitments due to pressures to invest "at home".^{4,5} All eyes are now on Germany which has recently taken on a political leadership role through its presidencies of the G7 and G20 summits and in the context of the World Health Organization (WHO). There is a strong expectation that in the new political environment, its global health responsibilities - political and financial - are set to grow in both the multilateral and the bilateral arena.

Indeed, Germany is one of the few countries still determined to expand its global engagement and increase funding for development and global initiatives as the most recent budget figures for 2018 confirm.⁶ This is a strong political statement which gives some hope to global health advocates. But while Germany has almost doubled its global health spending in the last 10 years (see sections 2 and 3) and has significantly contributed to humanitarian health responses, it is still far removed from the 0.1 % goal of development assistance for health. The priorities Germany will set for global health cooperation will be just as critical as the funding commitments. How will these commitments support the Sustainable Development Goals (SDGs) and the United Nations system? How will the European Union (EU) move forward? What alliances will emerge with other countries and stakeholders? To all effect its diplomatic representations in Geneva and New York have been active in global health diplomacy as never before.

Germany has long been a reliable, yet rather silent actor in development cooperation providing continued support to health systems strengthening. Only recently has it become a prominent voice in promoting global collective responsibility in health. This became evident as it took the step to prioritize health in the German G7 presidency in 2015 and followed through with the 2017 G20 agenda "Shaping an interconnected world."⁷ In recent months Berlin has become a hub for global health conferences which will - for the first time ever in the G20 context - culminate in a meeting of G20 health ministers at the end of May 2017. The ministers will focus their discussions on strengthening health systems and on two cross-

border health issues: the fight against antimicrobial resistance (AMR) and the creation of mechanisms to prevent the outbreak of pandemics.⁸ Their recommendations will go to the heads of government in Hamburg in July of 2017. One political goal for Germany is to achieve continuity for the health debate within G20 and to establish a permanent global health group in view of the high relevance health has for the economy, the security and the wellbeing of countries.

Global health can be understood as "those health issues that transcend national boundaries and governments and call for actions on the global forces that determine the health of people."⁹ As the German G20 documents link health to interconnectedness, they follow an understanding of global health that is broader than development cooperation. It is not easy to track the origins of this shift in mindset because - with few exceptions - no significant literature or analysis of Germany's role in global health exists.¹⁰ As is the case for many countries, describing Germany's role in development cooperation for health and its contribution to international organisations is easier than exploring the full scope of its global health actions, which would include the impact of determinants of health and activities in sectors other than health, particularly areas such as more equitable trade and finance policies and most recently austerity and migration policies. These in particular are made more complex because they are also negotiated within an EU context.

The new priority the German federal government's has given to global health has, in principle, met with broad approval. There remain concerns, however, among influential non-governmental organizations (NGOs) and leading global health academics that Germany's long term commitment to strengthening health systems might be weakened and investments might shift towards a narrow focus on health security.¹¹ Outside observers of governmental action in the field of global health have thus called for an assurance that the German commitment to protection of human rights and of sexual and reproductive health and rights will remain strong, as will the commitment to poverty reduction and to multilateralism.¹²

Civil society networks like the German Platform for Global Health continue to urge for a much stronger strategic connection between health inequalities in Germany, Europe, and worldwide and are highly critical of the health impact of Germany-led austerity policies within the European Union as well as of a more restrictive refugee and migration policy.¹³ They are also concerned that statements will be adopted by other G20 ministerial meetings which could have a negative impact on health, especially in low and middle income countries.¹⁴ The growing civil society activism on issues of global health expects the German government to address these issues in the next phase of German global health activities as they argue for a broad agenda on global health that reaches beyond biomedical and health security perspectives and addresses the broad range of social, cultural, economic and political determinants of global health.

2 Why Germany is a latecomer to the international global health debate

Germany's role as a latecomer can be attributed to a mix of factors. First, for a long time, health cooperation in the European Union had a much higher priority for the German Ministry of Health, ministers were not interested in and got no kudos for engaging in international health. In consequence, the ministry only had a very weak office of international health and no budget to speak of for activities in this field. Second, budgets for international health development resided with German development assistance and there was little if any cooperation with other ministries and agencies. Third, the Millennium Development Goal (MDG) type vertical global health approach did not sit well with the German health systems-oriented approach and its prioritization of the WHO. Fourth, there was no strong academic base for global health. Fifth, priority global issues defined by the ministry of foreign affairs did not include health and were initially focused on global environmental policies. Lastly, Germany's unique geo-political position required direct support and investments to the countries of Central and Eastern Europe and cooperation within the EU.

Germany's global role is very recent and cannot be understood without reference to its history and to foreign policy developments after World War II. Its development as a nation-state is defined by contradictions, disruptions, and great crimes against humanity. It is often difficult for other countries to fully comprehend the extent to which the historical burden of the Nazi Regime is present in the German political debate and still defines German actions. The former German Minister of Foreign Affairs and current President of Germany, Frank-Walter Steinmeier re-iterated this position in a recent op-ed in *Foreign Affairs*: *"Our historical experience has destroyed any belief in national exceptionalism—for any nation."*¹⁵ Any claim for a political leadership role is rapidly challenged both from within and outside of Germany. Even decades after World War II Germany did not actively seek a role as a global leader but chose an "under the radar" path preferably within the multilateral system and whenever possible together with others, especially as an EU member state.

The historical steps towards the recent expansion of its international role can be roughly analysed in 20 year periods: the post-war foreign policy focus was to be a reliable partner in the Western Alliance and to construct and strengthen European cooperation; from 1969 a ground-breaking shift led to the normalization of relations between West Germany, East Germany and Eastern Europe, called "Ostpolitik"; yet another major reorientation came with the fall of the Berlin Wall in 1989 and German reunification which led to Germany's new - and not always welcome - strength within the European Union especially since the Maastricht Treaty of 1992. Its role was to be a regional power constrained by and within the EU. It was only under the leadership of Minister Joschka Fischer (1998 - 2005) that the German foreign office began to engage prominently in global issues.

In the global political arena, Germany became a determined leader on environmental issues - not global health. Questions around environmental protection gained increasing relevance in domestic politics and Germany established a Ministry for the Environment (BMU) after the Chernobyl disaster in 1986. It soon engaged forcefully in that new global policy arena which provided space for pioneer countries and was populated by few other established actors.¹⁶ Germany was able to bring domestic environmental innovations and intellectual resources to the global level, it gained the directorships of United Nations Environment Programme (UNEP) in the period between 1998 to 2016, and contributed significantly to the crafting of international agreements including The Earth Summit in Rio 1992 and most recently the Paris agreements in 2015.¹⁷

A global role and a more assertive German foreign policy is associated with Germany's refusal - as chair of the UN Security Council in 2003 - to agree to the invasion of Iraq. With the response to the 2007 financial crisis and the 2015 response to the refugee crisis, Germany's new strong role in Europe and beyond became even more evident, a development that "attracts praise and criticism in equal measure."¹⁸ German political leaders like to present this shift as a force of circumstance, rather than Germany seeking a new role, but its strong export-oriented economy requires a high degree of free trade and close communication with countries in Europe and across the world.¹⁹ The approach was to develop a new foreign policy orientation through various government white papers.²⁰ The new direction was expressed forcefully to an international audience by the German President Gauck at the opening of the 50th Munich Security Conference in 2014 when he stated: *"Germany must be prepared to do more."*²¹ The priority areas for expansion identified by the government are what has been termed the two dimensions of security: defence and development spending.²² The most recent budget plan for 2018 reflects this: it indicates an increase of both development and defence spending (see a an overview of German ODA spending in the [Web-Appendix](#)).²³

[Link to Web-Appendix about here: Germany's ODA spending 2005-15](#)

3 Recent catalysts of German global health engagement

Germany began to systematically step up its activities to co-shape the global health agenda, engage in the governance of global health organisations and co-create and support new initiatives about ten years ago. This change is also reflected in the extended financial commitments to both, funds for global health and total ODA spending (figure 1). The growth in German ODA spending is remarkable, given that other G7 countries – except for the UK which has enshrined the 0.7 goal as law – did not increase their overall ODA budgets in real terms in this period (see vertical axis). ODA for health increased significantly in Germany (94 percent), the UK (136 percent), and the USA (97 percent) while there was much lower growth in the other G7 countries – or even a decline as in Italy.²⁴

Figure 1 about here: Growth of ODA for health vs. Growth of total ODA, 2005-15

For Germany taking the step from development cooperation for health to broader global health action was linked to three exceptional factors: the personal commitment of the head of government, a unique window of political opportunity for leadership, and the disastrous outbreak of the Ebola virus.

The German Chancellor as a health leader

Chancellor Merkel's personal drive and interest is a unique feature²⁵ of the increasing involvement of Germany in global health, especially since the 2007 G8 Heiligendamm Summit. Its key motivation is not that different from what led to Germany's leadership on the environment: the recognition of interconnectedness in the era of globalization. Global health - as the German government approaches it in the recent G7 and G20 context - aims to reduce the health risks that come with global interdependence for people living in Germany and at the same time to ensure healthy lives for populations elsewhere. In her speech at the 51st Munich Security Conference in 2015, Angela Merkel put the threatening nature of Ebola in one line with other global issues such as global terrorism and forced migration and spoke about "[...] the extent to which foreign and security policy impacts matters concerning the internal politics of our societies."²⁶ Global Health is linked to priorities in domestic policy, such as AMR; is an area where Germany can share successful experiences, especially in social health protection, and is an attractive policy field which reflects German foreign policy principles. It allows Germany to demonstrate soft power, collaborate with other key players beyond traditional alliances, and contribute to building a global consensus and global solutions. This is why - following the Ebola outbreak - Germany championed not only national health security, but the strengthening of WHO and the better coordination of UN organisations.^{27,28}

The G7/G20 as a window of opportunity

An exceptional window of opportunity opened for German leadership through the proximity of the G7 and G20 presidencies to put health high on the political agenda of heads of state and government and to engage many other stakeholders through the related processes. The German government had already put the issue of AMR on the G7 agenda, continued the focus on health systems strengthening and included the research agenda for neglected tropical diseases in the years preceding the German G7 presidency in 2015. It also spearheaded a highly successful the GAVI replenishment in 2015. When the seriousness of the outbreak of Ebola virus disease (EVD) in 2014/2015 became evident Germany grasped the opportunity to become a champion for global health security with the strong personal involvement of the chancellor. It has also worked with Japan to promote the integration of

the Universal Health Care (UHC) and the health security agenda within their G7 presidency in 2016 and was able to ensure continuity of the global health agenda through the meeting of G20 health ministers in 2017.

Ebola virus disease outbreak 2014/15 as a major catalyst for German health security engagement

With the Ebola virus disease outbreak 2014/15, global health security became an issue of national concern for the German government and an entry point for broader German commitment to global health including the strengthening of health systems. Like other countries Germany had responded very late to the Ebola crisis - it then took an active role in supporting the affected countries under the lead of the Ministry of Foreign Affairs, who appointed a special ambassador for coordination of the German government in its response to the Ebola outbreak.

Despite Germany's long-standing – but not prominent – membership of both the Global Health Security Initiative of 2002, committed to chemical, biological, radiological and nuclear preparedness and the Global Health Security Agenda of 2014, committed to IHR strengthening,²⁹ the country still has a long way to go domestically to achieve an agreed and integrated policy approach to global health security so as to be fully prepared in case of an outbreak.

The list of the German activities and contributions to health security internationally is extensive and encompasses a range of German ministries. Most entries in this list are post-Ebola. They include support to the High-Level Panel on Global Response to Health Crisis and the UN Global Health Crisis Task Force,³⁰ contributions to the WHO Contingency Fund for Emergencies (CEF)³¹ and pledges to fund the early phase of the Pandemic Emergency Financing Facility (PEF).³² In early 2017 Germany joined Japan, Norway, the Wellcome Trust in contributing to the first five-year budget for the research and development initiative of the Coalition for Epidemic Preparedness Innovations (CEPI) which will focus on research and stockpiling of vaccines.³³ Health security is now a component of the agenda of the Munich Security Conference, including the attacks on health facilities and health workers.³⁴

Strong concern remains that health security could be prioritized nationally as well as internationally at the expense of investments in UHC. In an advocacy paper by VENRO (Verband Entwicklungspolitik Deutscher Nichtregierungsorganisationen) and Médecins Sans Frontières published in 2017, the two organizations state that the G20 needs to regard health not just as an outcome of human development, but also a precondition, and that “[h]ealth is more than crisis management: Every person has a right to health.”³⁵

4 The roots of German health engagement

Germany was a late comer to global health for various reasons (see section 2) and remained a rather silent actor as it did not play a major role in launching and financing high visibility disease-specific initiatives in the early 2000s. It is important to consider, however, that its increased engagement is built on a long experience as a reliable partner in bilateral and multilateral activities in health based on four main strategic pillars: These are: 1) a commitment to human rights and 2) a longstanding involvement in health systems strengthening in developing countries, led by the Ministry for Economic Cooperation and Development (BMZ), 3) dependable support to the UN system and the World Health Organisation, led by the Ministry of Health and 4) a preference for building alliances and working with others.

A strong set of identifying features are at the basis of and have ensured the continuity of these strategic orientations:

Continuity in the focus on systematic social protection

The *Bismarckian model of social protection and social health insurance* (REF companion article) remains at the core of German domestic and international health policy. The continuity and impact of this system has had - despite major historical upheavals - a profound impact on the values and approaches of Germany's foreign and development policy and explains its systems-oriented positions in health. The historical experience "at home" with a broad social protection system based on rights and a social health insurance system based on solidarity and redistribution, helps understand why Germany has for decades been engaged in efforts towards Health Systems Strengthening. It also gives support to the Social Protection Floor Initiative which is committed to the human right to social security for all³⁶ and it has pushed for intersectoral cooperation between WHO and ILO on the links between social protection and health. German NGOs argue that based on its historical trajectory Germany should be at the forefront of proposing a new "global social contract" which provides a safety net beyond national borders.³⁷

Continuity of German development cooperation and its unique institutional setup

Germany's own contribution to international development began already in 1952 in the context of the United Nations Development Programme. In 1961, the Ministry of Economic Cooperation (BMZ) was established, which like others was initially oriented towards Cold War foreign policy goals but significantly changed its orientation (and name) after reunification.³⁸ As an independent ministry it has been able to invest in long-term strategies and approaches based on human rights principles, driven by technical expertise and built on country partnerships. It can depend on two very strong implementing institutions: the development agency GIZ (Gesellschaft für Internationale Zusammenarbeit) which is focussed on the *technical implementation* of cooperation projects with approximately 17

000 employees – and a financing institution KfW (Kreditanstalt für Wiederaufbau), an offspring of the Marshall Plan which supports *financial cooperation* with developing countries. German foreign aid has never been as politically controversial as in other countries, it does not need to cater to rapid foreign policy wins or constant domestic pressures on "value for money".

Continuous commitment to the Post World War II development trajectory

Germany's own post World War II development trajectory remains a guiding principle of its development cooperation. Based on the initial support through the Marshall Plan the country combined extraordinary economic growth with the expansion of universal social protection. The German development approach has always aimed to combine economic investment with development aid and the name of the responsible ministry - Ministry for Economic Cooperation and Development (BMZ) - reflects this. Many joint initiatives between the ministry and German businesses document this mindset and it is also at the core of the new strategy of cooperation with Africa – the "Marshall Plan with Africa"³⁹ – that the German government has recently proposed. The conflict that can arise between public and private sectors goals both in Germany and in partner countries requires more detailed analysis, but extends beyond this article.

Continuous commitment to the principle of multilateral engagement

German foreign policy considers multilateral engagement as the "most important principle for international order." (Steinmeier)⁴⁰ The geopolitical focus of German development engagement is not determined by colonial history in contrast to other European donors such the UK and France.⁴¹ Only recently, as a consequence of the migrant crisis, has the African continent emerged as a clear focus. Multilateralism is understood by Germany as a commitment to international cooperation and to working in and through international organizations and rule-based systems plus adhering to fundamental norms of the international community such as rule of law, human rights, peace and prosperity.⁴² In global health, this is reflected especially in the support to the World Health Organisation, which Chancellor Merkel has described as the "only international organisation that enjoys universal political legitimacy on global health matters."⁴³ "Taking leadership" has not been a strategic priority.

These features are reinforced through Germany's G20 agenda where the government wishes to set "a course diametrically opposed to isolationism and any return to nationalism."⁴⁴ This includes the reform of the United Nations and explains why Germany engaged so deeply in the WHO reform process - beginning with its membership in the WHO Executive Board 2009-12 - and the charge to increase the assessed contributions to the WHO.⁴⁵ This move by the German government is particularly notable in view of the fact that assessed contributions have been falling in real terms for the past decade.⁴⁶ It is a very

significant indicator for Germany's goal to strengthen the autonomy and room for maneuver of the WHO.

To some extent, Germany's reliance in the multilateral approach to global health can also be seen in the channels of ODA spending. On average 54 percent of health-related ODA between 2005 and 2015 was channelled through multilateral institutions – similar to other European countries such as France and Italy.⁴⁷ Except for 2015, the multilateral share of Germany has remained above 50%. The USA and the UK, on the other hand, channelled only 17 and 36 percent, respectively, through multilateral organizations in the period between 2005-15.

The multilateral and partnership based approach is also reflected in the launch of joint initiatives with other global health actors and national partners rather than to initiate high profile "leadership" activities on its own; some examples are "Providing for Health" Initiative P4H, International Health Partnership and IHP+. In the SDG process the German government has advocated for the inclusion of Universal Health Coverage with special reference to sexual and reproductive health and rights⁴⁸ and it is now following through with support of the new UHC Alliance. Germany has now become a partner in most of the major global health alliances and is now also a major donor of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and GAVI.

Figure 2 about here: *Stylized timeline of recent developments in Global health in Germany (left: key events with impact on Global Health; right: selected German government initiatives in Global Health)*

While Germany has taken important steps in stating commitment to multilateralism and international organizations with concrete actions, most notably an active involvement in governance and an increase in financial contributions, it will now have to show its consistent and sustained support on different levels of interaction. The German commitment to multilateralism and "working with others" will need to be reflected in the ways in which it funds 'global public goods' for global health such as the creation of joint systems for monitoring and evaluation or data sharing platforms and it will need to continue supporting an increase in assessed contributions to the WHO. Germany will also need to step up its efforts to increase the number of German professionals - including secondments - working for international organizations such as the WHO or the Global Fund.

5 Aiming for policy coherence and stakeholder involvement in global health

While some significant steps have been reached in anchoring global health within the German federal government, much remains to be done and Germany's record is in no way purely positive. Several major conflicts of objectives have become obvious in past policy decisions and remain unresolved. One such example is the Framework Convention on

Tobacco Control (FCTC). When in 2003, where its role in the drafting of the Framework Convention of Tobacco Control was ambivalent if not obstructive. Germany finally agreed to sign the FCTC, but the delegation still voiced its reservations against the convention and its alleged negative economic consequences.⁴⁹ The convention eventually entered into force by 2005,⁵⁰ but up until today Germany has not yet banned tobacco advertising completely in cinemas and building facades⁵¹ and implementation of the FCTC is based on the implementation of EC directives rather than WHO rulings.⁵² Germany will need to show greater commitment to norm-setting activities and consistency in its positions and values across multilateral institutions.

Despite increasing efforts at coordination, the multiplicity of actors still leads to fragmented engagement and weakens the overall impact that German contributions to global health – financially and otherwise – could have. There is not yet a strong awareness for global health issues within German parliament. It has on occasion debated specific topics related to global health (WHO reform,⁵³ tobacco framework negotiations,^{54,55} AMR,⁵⁶ Ebola crisis⁵⁷) and a number of parliamentarians show a strong engagement for health development,⁵⁸ but global health challenges have been of limited importance to the work of the committee on development policy, notwithstanding their very intersectoral nature.

Box 1: The structure of global health policy in Germany

The responsibility of German global health policy lies with the Ministry of Health (BMG) which represents Germany at the WHO. The Federal Ministry for Economic Cooperation and Development BMZ⁵⁹ has the responsibility for cooperation with the World Bank, the GFATM, UNICEF, and UNFPA. The Federal Foreign office is responsible for humanitarian assistance and was the coordinating body for all the activities of the German Government in its response to the Ebola crisis. Research and development activities on NTDs and poverty-related diseases are distributed across the Ministry of Education and Research (BMBF), the BMZ, and the BMG (and its research institutes such as the Robert Koch Institute).⁶⁰ International activities related to sexual and reproductive health are conducted by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ). The Federal Ministry for Economic Affairs and Energy BMWI promotes the activities of German health and technology companies abroad.

Germany has centres of excellence in research, professional associations and science associations, an active civil society and an innovative health industry but these are not per se strong global health actors. It hosts many global health meetings and conferences and since 2009 annually organizes the World Health Summit in Berlin. However, there is not yet a well-organized and articulate "global health community" with prominent leaders. While the voices in the development policy arena are strong there is no well organized global health advocacy lobby as in many other countries. In particular, the weakness of German

public health institutions and academic teaching and research institutions must be mentioned. This too can be traced to some degree to policies of the Nazi regime and its abuse of public health and medicine, especially through the concept of racial hygiene.⁶¹

Nevertheless, there have been some important developments towards more policy coherence and stakeholder involvement.

In government a major step towards a more strategic and coherent approach to global health was achieved by the adoption in 2013 of Germany's first Global Health Strategy, *"Shaping Global Health - Taking Joint Action - Embracing Responsibility"*⁶² by the German cabinet after a two-year consultation process. In this concept, the German government presents global health as a matter of 14 (!) intersecting policy sector, most importantly development, security, trade, economy, human rights, education, migration and development.⁶³ As a consequence of the recognition of health as a cross-sectional and multilevel governance policy area, the German government has begun step by step to establish positions and structures for inter-ministerial collaboration and coordination on matters of global health. For example, the position of a Coordinator for the Foreign Policy Dimension of Global Health Issues in the Ministry of Foreign Affairs was (also) created in reaction to the Ebola crisis.⁶⁴ Cooperation between the ministries and agencies has improved, also reinforced through the role of the chancellery in relation to the global health activities of the G7 and the G20 process. The government has also increased its outreach to NGOs, the private sector and academia, all of which are presently very much involved in the various G20 global health activities linked to the working groups with representatives from business (B20), think tanks (T20), and civil society (C20).

However, despite the increased political priority towards health, financial commitment is still not high enough and Germany falls short of reaching the target of disbursing 0.1% of the country's GNI for global health.⁶⁵ OECD figures indicate 0.03% of GNI. Thus, while the growth of German ODA for health over the past 10 years of 94% indicates strong willingness of engagement a gap between political commitments and disbursed ODA remains (see figure 3).⁶⁶ In the period from 2005 to 2015, Germany has only contributed 5.8% of overall ODA spending to global health with no significant upwards trend visible. An analysis by the German Institute for Development Evaluation (DEval) in 2016 concluded that "German health ODA in 2002-2013 has not reflected the level of priority recommended by WHO."⁶⁷ A global health leader will need to make more funding available and aim to reach 0.1% of gross national income (GNI) spent on global health within the near future. At the same time - in order to be strategic in the transformative era of the SDGs - it will be critical to gain a reliable overview of all channels of German contributions to global health and its determinants based on a broader definition of contributions, not only as ODA and not only focused on narrowly defined health investments.

[Link to Web-Appendix:](#) *Comparative figures from the Institute of Health Metrics and Evaluation*

Figure 3 *around here: ODA for health in the G7 countries and their ODA for health-to-GNI ratios*

Civil society is becoming more vocal in global health. German development cooperation is characterized by a very active and immensely heterogeneous set of civil society organizations who have only recently moved into the broader global health agenda. They have played a significant role in pushing the German government to support to WHO, continue its commitment to UHC, as well as sexual and reproductive health and rights and HIV/AIDS. Now the organizations are striving to broaden Germany's global health agenda, linking it more strongly with issues of social justice, exclusion and discrimination, and human rights. A strong role is played by the catholic and protestant churches which both have a development organisation (Misereor and Brot für die Welt). Global health concerns were first voiced by the HIV/AIDS lobby, the activists cooperate in the *Action against AIDS Germany* which has successfully lobbied German policy makers for a more significant role in and commitment to the GFATM.⁶⁸ An important step was taken when VENRO - the umbrella association of 120 development-related NGOs - initiated a *working group on global health* in 2010 which has contributed to German global health debates and was involved in the preparations of the G7/G20 meetings⁶⁹ including the C20 in 2017. Political foundations such as the Heinrich-Böll-Foundation which is linked to the Green Party has been vocal about global health, too.⁷⁰ An innovative new civil society actor is the *German Platform for Global Health* which was founded in 2012 as an association of civil society actors that brings together national welfare organizations, trade unions and NGOs that are active in both global and national health policy with a strong focus on equity.⁷¹

The German health industry has only recently begun to engage. Germany has a very large healthcare market (EUR € 328 billion total volume of the healthcare industry in 2014, with an 11.2% share of GDP)⁷² and a significant and innovative health industry which includes large global players which are complemented by many medium-sized companies. Yet, there is still significant potential for the German private sector to be a lead contributor to global health and innovation and to act responsibly to improve the health of the poorest, especially in research and development and pricing of medicines.⁷³ Nevertheless, there are forums for cooperation and dialogue: A new strategic alliance is the German Healthcare Partnership (GHP) which was established in 2010 jointly by the German Federal Ministry for Economic Cooperation and Development and the Federation of German Industries (BDI). A new feature is the involvement of non-health private sector companies like Munich Re and SAP (with the GFATM) and DHL (e.g. with GAVI) providing support through their core business expertise and technology. Within Germany there is close cooperation between companies and scientific research facilities and the recently founded German network on

Neglected Tropical Diseases (DNTDs) brings together partners from academia, civil society, and industry.

Despite these activities, non-governmental stakeholders in academia, civil society and the private sector are still weak as compared to some other G7 countries. A recent study by Kaffees and colleagues looks at education and training on global health issues across German universities.⁷⁴ The paper paints a rather sober picture of the German university landscape when it comes to training future professionals equipped with the right knowledge and skills to address global health issues, particularly when it comes to broader, interdisciplinary education and training. The study exposes that “only one-third of medical schools and less than a third of all health-related degree programs in Germany offering some kind of education in Global Health.”⁷⁵ Thus, while Germany has been showing tremendous eagerness to become more visible across core institutions of global health governance, the low prioritization of global health issues in the curricula of its universities reflects a gap that needs to be filled as Germany aims to adequately staff its contribution to global health. Compared to North America and the UK, Germany is simply outstripped in its global health education activities, both in the number and degree options as well as research on global health education.⁷⁶ While the Federal Ministry of Education and Research (BMBF) has created some incentives for German universities and researchers to become more interdisciplinary in their research on global health issues, for example in the field of neglected tropical diseases,⁷⁷ there needs to be a broader emphasis on global health education and training at the level of federal ministries, state ministries and individual universities. The identified gap is also an indication of weak professional and scientific organisations whose lobby power is not forceful enough.

There are some mechanisms that help to bring the many global health stakeholders together - such as an annual meeting organized by the Ministry of Health, the World Health Summit in Berlin and some NGO and academic meetings. One new such initiative is the Zukunftsforum Public Health (Forum Future Public Health) which is coordinated by the Robert Koch Institute;⁷⁸ its working group on Global Public Health stresses the need for more collaborative research on global health, increased funding for such research, and more global health teaching in Germany and abroad.⁷⁹ Nevertheless, this is not sufficient to create a strong and vibrant global health community in Germany.

None of the large German Foundations have prioritized global health leadership. The gap has partly been filled by the world's largest global health philanthropy, the Bill and Melinda Gates Foundation which has increased its cooperation with German partners significantly, for example in February 2017 a memorandum of understanding between the BMGF and the BMZ has been signed and several of the G20 preparatory meetings have been supported by the foundation.⁸⁰ The influential role of the foundation in global health policy in general and

in Germany in particular⁸¹ has been criticized but why exactly German foundations have not ventured into the field of global health remains a topic for further research. Only recently have there been first indications of greater engagement of foundations on global health issues (e.g. Volkswagenstiftung)⁸² and other institutions such as the German Institute of Development (DIE), the Stiftung Wissenschaft & Politik (SWP) and the WZB (a non-university research institute).

6 The global health research and development gap

Germany boasts strong research organisations such as the universities with its German Research Foundation (DFG), Max-Planck-Society (MPG), Helmholtz Society (HGF), Leibniz-Association (namely the Bernhard Nocht Institute for Tropical Medicine), the German Centers for Health Research (DZG), and the Fraunhofer Society. In a ranking of all scientific citations from 1999-2009 of Thomson Reuters, the Max-Planck-Society ranked second in the world – just after Harvard University.⁸³ The Robert Koch Institute (RKI) is the government's central scientific institution in the field of biomedicine and one of the most important bodies for the safeguarding of public health in Germany. The Paul-Ehrlich Institute (PEI) is the Federal Institute for Vaccines and Biomedicines. It is a senior federal authority in the field of medicinal products providing services in public health. The German Center for Infection Research (DZIF) with thematic units on Malaria, Tuberculosis, AIDS and Emerging Infections and additional infrastructure units was established in 2012 to align translational infection research with the aim of developing new diagnostic, preventative and therapeutic methods. Despite the significant research output with relevance for global health, there is a greater gap between research activities and the political domain than in many other countries including the USA, UK, or France. Activities often remain uncoordinated and no reliable overview of all research activities exists.

Box 2: Germany's research tradition in global health

Rudolf Virchow is probably the name that is most frequently mentioned when calling for a more profound social and political understanding of public global health. The extent to which the rich tradition of German universities with the unity of teaching and research contributed to the scientific progress of high relevance to public health and tropical medicine is less remembered. Pioneers include Robert Koch, Paul Ehrlich, Bernhard Nocht and Theodor Bilharz; German companies were leaders in vaccine and drug development; e.g. IG Farben first produced chloroquine, the most successful anti-malarial drug for decades. The early discoveries in German chemistry led to the synthesis of anti-infective drugs, significant contributions were made to immunology, medical technology and research on the causative agents of infectious diseases. Many of the individuals involved contributed to the health programs of the League of Nations and helped build institutions in developing countries. This leadership in so many fields was destroyed through the atrocities

of the NS regime and the holocaust (the earlier mentioned IG Farben, for example, was the producer of Zyklon B).

Germany presently invests 3% of its Gross National Product on research and development⁸⁴ and has a rich research and development tradition in health^{85,86} but it has been a late comer in the research field on poverty-related diseases. In 2010, the Federal Government's Health Research Framework Programme made the funding of research and development on neglected and poverty-related diseases a priority area.^{87,88,89} Germany has since increased its funding for neglected diseases, albeit from a low starting point, to US \$54 million (0.015% of GDP) in 2014, placing it 5th behind the USA (0.088%), the UK (0.046%), Switzerland (0.029%) and France (0.026%).^{90,91}

To address coordination and policy coherence the Ministry of Education and Research in 2014 presented a list of measures for how to improve cooperation with African countries in the field of health research and education – in particular with higher education institutes and in the professional and advanced vocational training.⁹² In December 2015, the Ministry of Education and Research published the strategy for promoting health research in the relevant fields - especially NTDs - until 2020. Programmes aim to a) pool the activities in the field of infection research and to create research capacities that meet international standards and promote Germany as a high-ranking scientific location that will be attractive to young scientists from around the world. and b) support to product development partnerships (PDPs) to develop products for prevention, diagnosis or treatment of neglected tropical diseases or diseases that primarily affect children in the poorest regions. The funding is planned to be increased to up to EUR 50mn for the second round of funding.⁹³

Germany does not yet live up to the SDG target 3b commitment that calls for support to research and development for diseases affecting predominantly developing countries and prioritizing public health needs over intellectual property rights by respecting the Doha declaration and making use of the flexibilities within the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS). German NGOs underline that access to medicines is a core obligation under the right to health, as well as an essential part of UHC.⁹⁴ The German government has not been very active in this domain. In particular, recommendations of the WHO Commission on Public Health, Innovation and Intellectual Property Rights in 2003 and the Consultative Expert Working Group (CEWG) in 2013 to establish a global health R&D fund was rejected by the German government. Moreover, the government's response to the 2016 UN High-Level Report on Access to Medicines (UN 2016) is still outstanding.

7 The next turning point: refugees and migration

The influx of 1.2mn refugees in 2015 and 2016 represents a turning point in how German policy makers regard foreign affairs and development policies and the interconnectedness

between the global and the local. As in the field of health security, the distinction between domestic and foreign policy is becoming ever more fluid in relation to refugee and migrant health. During the budget debate in 2016, Angela Merkel raised that point by saying that the security, welfare, and prosperity of German citizens, but also of citizens of other nations, are dependent on how Germany acts.⁹⁵ The chancellor was highly praised internationally for her initial humanitarian response to the crisis but has faced increasing opposition within Germany and Europe from all sides of the political spectrum.

So far, Germany has failed to live up to its aspirations as an innovator and global health leader in relation to migration and refugee health. Germany delayed addressing migrant health in policymaking efforts for a long time. Consequently, Germany ranks only 22nd out of 38 countries in the MIPEx health score (a summary indicator for entitlement and access to health services),⁹⁶ below average compared to countries with comparable migrant populations and GDPs, deeming the country “only halfway favourable from an integration perspective”.

More recently a political response has been to increase the investment in the countries of origin - which makes Africa a pivotal strategic focus of a new “global development policy.”⁹⁷ The BMZ outlined points for a new strategy for cooperation with Africa – the so-called “Marshall Plan with Africa” – in January 2017 in which it also highlights the role of social protection and of investment in health. The BMZ also invests in rebuilding health infrastructure in Northern Iraq and Syria. The German Minister of Health explicitly mentioned weak health systems as a reason for people to leave their country and to seek a better life in Europe.⁹⁸ But recent actions at the political level such as the EU refugee agreement with Turkey - in which Germany played a major negotiating role - have been heavily criticized also for their health impacts.⁹⁹

In this context, the BMZ saw an increase of its overall budget from EUR 6.5bn in 2015 to EUR 7.4bn in 2016. In November 2016, the German Parliament approved another increase in BMZ’s budget by EUR 1.1bn reaching a total budget of EUR 8.5bn for 2017.¹⁰⁰ And most recent budget plans by the Ministry of Finance indicate an additional slight increase of EUR 200mn for 2018.¹⁰¹ The priorities behind this increase include, “above all, efforts to address the refugee crisis within and around Syria and to give young people in Africa a better future.”¹⁰²

The access to health services provided to migrants in Germany therefore stands in contrast to the Germany’s advocacy efforts for UHC internationally. German NGOs have repeatedly called on the government to regard and implement the human right to health within Germany in the same way it is expressed in its development policies.¹⁰³ They call for the current contradiction between UHC and entitlement restrictions for asylum seekers to be resolved, and that access barriers for all migrants be removed. This also applies to

Germany's role within the EU. If Germany strives to be a reliable backbone of global health efforts and to be considered a credible "norm-entrepreneur", it needs to be more consistent in its compliance with human rights standards and universal access to health care.

8 Becoming a leader

A set of recommendations on the strengthening of global health were presented to the German Chancellor in March 2017 on occasion of the Science20 Dialogue.¹⁰⁴ Germany is now a strong contributor to global health. There is significant potential for its political commitment to multilateralism, human rights, and solidarity to be turned into concrete action and expectations are high. But in order to have a decisive and sustained impact on global health Germany will have to give stronger attention to structural issues that drive health development. This is reinforced by the SDGs call for approaches that reflect the interface of domestic challenges with global responsibilities and the need to act beyond just the health sector.

Germany has underlined that that in order to resolve global health issues the world needs strong multilateral institutions. As a strong advocate for multilateralism it should also demand increased innovation, policy coherence and accountability from the multilateral system – and it should be prepared to show how such coherence can be assured in its own actions inside and across international institutions. The outstanding role that the German government has played in supporting the WHO and the UN at large must be continued and strengthened. Germany should contribute to productive and pluralist dialogue on what constitutes global health, global public goods and global health governance.

But it is important for Germany to be better prepared for challenges in global health which are related to other big shifts underway: reform of multilateralism, new financing mechanisms and the transformative strategies of the SDGs. Germany should position itself as committed to innovative and multisectoral global health partnerships based on the transformative thinking associated with SDG implementation. Global positioning will include innovative proposals and the forging of new health alliances, not only in the usual Western donors' group but with new partners in Africa, Asia and in particular with China which is emerging as a key global health player.¹⁰⁵

2017 is in an election year in Germany. Over the next few months all political parties should be challenged by the major stakeholders to present their global health positions. As of October 2017 the successful political parties will begin to negotiate coalition agreement that will be decisive for the next four years. From this analysis, the following priority actions and strategic orientations emerge:

The new German government should make it a priority to **update the German Global Health Strategy** and transform it into a determined strategic commitment for its period of office adopted by the cabinet and with the personal commitment of the chancellor.

At the core of such a renewed strategy lies the commitment by Germany to continue on its path to **significantly increase its global health funding** - the new government should set the goal that at the end of its term in autumn of 2021 it would have achieved the hallmark of 0.1% GNI for global health funding. Germany's call during the 68th World Health Assembly for increasing Member States' contributions to the assessed budget by 10% to the WHO needs to be repeated tenaciously – a call that is strongly supported by the civil society group (C20).¹⁰⁶ This is all the more important as the extent to which the US will support multilateralism and UN organisations such as the WHO and continue to finance large global health programmes is uncertain.

The renewed global health strategy would **assign clear responsibilities and accountability**, as well as include transparency of all funding streams that contribute to Germany's global health activities. It should ensure policy coherence and not shy away from controversial policy areas. It should support the establishment of a stable base of institutions, expertise and advocacy outside of government. A broad consultation process should form part of process. A **parliamentary committee on global health** should follow-up on the global health strategy of the government, monitor its implementation, bring new proposals into parliament and ensure accountability of the government.

The strategy would reinforce Germany's longstanding commitment to health systems strengthening which is critical for the implementation of the UHC agenda and ensure that it is fully reflected in its approaches to preparedness and response to health crisis and AMR. German initiatives such as Healthy Systems - Healthy Lives have a significant potential for catalyzing UHC innovation and should be taken forward with significant investment.¹⁰⁷ This should include support to improved monitoring and analysis of HSS activities nationally and globally¹⁰⁸ and to the support of interdisciplinary approaches to health that broaden the perspective towards economic, social, cultural and political determinants of global health in this context.

Poverty-related diseases and neglected tropical diseases should be an obvious priority for the German government's new strategy of cooperation with Africa ("Marshall Plan with Africa") - next to the existing areas of German global health focus. By improving research, development, and innovation in this field the German government can reach the poorest groups within those society and build lasting health research and education infrastructure. Institutional support for research and education centres in Africa are an important element to create research capacities within Africa that meet international standards and become high-ranking scientific locations that will be attractive to young talent. Germany can build

here on already existing cooperations between African partners and institutions such as the BNITM, the German Center for Infection Research (DFIZ) and the related institutions within the DZIF network. In order to achieve a viable solution in the long-term, greater coordination and cooperation between the three leading German ministries engaged in development policy on neglected tropical diseases and poverty related diseases (BMBF, BMZ, BMG) is needed. Establishing an institutionalized working group could address short and long-term needs for comprehensive NTD control and elimination.

By including **migrant and refugee health** in a revised global health strategy Germany could make a determined contribution to global health by applying the concept of “globalization within”¹⁰⁹, or that “global health starts at home”¹¹⁰ with the appreciation that immigration is an organic component of the spatial unit of a social ‘one world’.¹¹¹ Fully involving migrant nongovernmental organizations in strategy development efforts rather than to developing policies *about* migrants would be a clear step towards recognizing migrant health as an inherent part of global health.¹¹²

Germany should initiate an update of the EU lobar Health Strategy. The European Commission Communication on global health from 2010 outlines the EU's vision in various aspects of global health, such as governance, access to health services, the policymaking process and health research.¹¹³ Since then a significant number of events has moved the global health agenda and the EU's role forward, for example in the area of health security. This includes the German-French initiative in 2016 to establish the European Medical Corps to improve the EU's ability to respond to health crisis.¹¹⁴ Action is required in many different areas of the work of the European Commission - especially in development, research and innovation and health and related policy coherence as well as on the determinants of health i.e. EU trade policies. Germany can play an important role in moving this forward. It can also engage more actively in European initiatives such as the European and Developing Countries Clinical Trial Partnership EDCTP.

Germany cannot strengthen its position in the global health architecture without being prepared to invest domestically. The central government as well as science funding bodies and foundations need to take action in order to strengthen national institutions and domestic mechanisms in order to enhance its capacities and expertise on matters of global health. It needs some form of a national "Global Health Initiative" as proposed by The Leopoldina, the German Academy of Sciences in 2015.¹¹⁵ This must include the broadening of education, training and research in global health which pays heed to social and cultural sciences and encourages interdisciplinary exchange between the life sciences and the social sciences.¹¹⁶ German foundations should enter this arena, especially for policy and social science research. They could also support an enabling network or platform to build synergies between the many institutions, to create a global health institute or think tank, to establish a *Global Health Society* or a *Berlin Global Health Hub*, to commission a regular

Global Health Report so as to provide an overview of German activities and contributions. Cooperation with leading institutions in other countries - including developing countries - should be encouraged, exchange and conferences such as the World Health Summit should be strengthened.

Germany as a major economic powerhouse must give more priority to **addressing the determinants of health and ensuring global public goods**. The German Platform for Global Health, for example, calls for a broad global health agenda that emphasizes health as a social or socio-political issue. Germany has in the past - for example - repeatedly argued for a financial transaction tax, but has not been successful in gaining political support from other key countries. Since many of these issues relate to policies that also reside with the European Union it has to link its global health priorities with positions on EU policies. Germany must take on the challenge to become a leader on migrant and refugee health, developing innovative multi-sectoral approaches both for migrants and refugees in Germany as well as in third countries.

The upcoming German elections in September 2017 will be critical. The continuity of Germany's trajectory in global health as an important field of multilateral cooperation and development policy will hopefully be ensured and leadership and investment expanded, even if a new coalition and new individuals come to power. Ten years of activity in global health have created expertise and commitment in many different ministries and at different levels of government and with other actors and stakeholders. This bodes well for a continuation. It will be critical to ensure that a new government keeps and strengthens the global health commitment. Indeed, Germany will be called on to be a strong global health leader by cause of circumstance – politically, conceptually, and financially. By stepping up it will make a significant contribution to the implementation of the Sustainable Development Goals.

- 1 Gröhe H. "The G-20's joint responsibility for global health" Health ministers' meeting under the G20 presidency. Federal Ministry of Health. 2016. <https://www.bundesgesundheitsministerium.de/health/g20-health/health-ministers-meeting.html> (accessed Feb 11, 2017).
- 2 Munich Security Conference 2017. Health Security: Small Bugs, Big Bombs. Munich, Germany: Munich Security Conference, 2017. <http://report.securityconference.de/>. (accessed 12 Feb, 2017).
- 3 Morrison SJ. The End of the Era of Global Health? In Global Forecast 2013. Washington, D.C.: Center for Strategic and International Studies, 2012: 82-83.
- 4 See for example: Garret L. Trump 2018 Budget Proposal: What We Know (And Don't Know). The Internationalist (blog). Council on Foreign Relations. 2017. <http://blogs.cfr.org/patrick/2017/03/20/trump-2018-budget-proposal-what-we-know-and-dont-know/>. (accessed Mar 20, 2017).
- 5 Garret L, Brexit Is a Global Health Risk. Foreign Affairs; 2016. <http://foreignpolicy.com/2016/07/13/brexit-is-a-global-health-risk-globalization-britain/>. (accessed Mar 15, 2017).
- 6 BMF. Bundeskabinett beschließt Eckwerte für Haushalt 2018 und Finanzplan bis 2021. Federal Ministry of Finance. 2017. <http://www.bundesfinanzministerium.de/Content/DE/Pressemitteilungen/Finanzpolitik/2017/03/2017-03-15-pm-eckwertebeschluss.html>. (accessed Mar 15, 2017).
- 7 Federal Government of Germany. Germany's G20 Presidency begins [G20 agenda presented to Cabinet]. Federal Government of Germany. Nov 30, 2016. https://www.g20.org/Content/EN/Artikel/2016/11_en/2016-11-30-g20-kernbotschaften-im-kabinett_en.html. (accessed Dec 14, 2016).
- 8 Federal Government of Germany. Germany's G20 Presidency begins [G20 agenda presented to Cabinet]. Federal Government of Germany. Nov 30, 2016. https://www.g20.org/Content/EN/Artikel/2016/11_en/2016-11-30-g20-kernbotschaften-im-kabinett_en.html. (accessed Dec 14, 2016).
- 9 Kickbush I. The need for a European strategy on global health. Scand J Public Health 2006; 34: 561–5. <https://www.ncbi.nlm.nih.gov/pubmed/17132587>. (accessed Mar 15, 2017).
- 10 There were however several academic reviews on the German National Health Concept. See: Kickbusch I. Gutachten: die Positionierung Deutschlands in der globalen

Gesundheitspolitik Ansätze für eine Nationale Globale Gesundheitsstrategie NGGS. BMG 2012.

https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/5_Publikationen/Gesundheit/Berichte/Kickbusch_-_Die_Positionierung_Deutschlands_in_der_globalen_Gesundheitspolitik.pdf. (accessed 11 Jan, 2017), Bozorgmehr K, Bruchhausen W, Hein W, et al. The global health concept of the German government: strengths, weaknesses, and opportunities. Global health action. 2014; 7: 23445. DOI: 10.3402/gha.v7.23445, Hein W. Global Health - a policy field of underestimated importance. Kompass 2020 - Deutschland in den Internationalen Beziehungen. Friedrich Ebert Stiftung 2007. <http://www.fes.de/kompass2020/pdf/GlobalHealth.pdf>. (accessed Feb 10, 2017), Yamey G, Campe S, Fewer S. Germany, the G7, and global health. The British Medical Journal 2015; 350:h1210. DOI: 10.1136/bmj.h1210

11 VENRO, MSF. G20 and Global Health - A Global Responsibility to implement the Sustainable Development Goals. Berlin: Medecins Sans Frontieres, VENRO, 2017. http://venro.org/uploads/tx_igpublikationen/Venro-MSF_G20_Positionpaper-final.pdf (accessed Feb 17, 2017).

12 Bozorgmehr K, Bruchhausen W, Hein W, et al. The global health concept of the German government: strengths, weaknesses, and opportunities. Global health action. 2014; 7: 23445. DOI: 10.3402/gha.v7.23445

13 Gebauer T. Das Konzept der sozialen Determinanten von Gesundheit – Wo ist der Aktionsplan für die deutsche Innen- und Außenpolitik? Documentation of the conference of the Deutsche Plattform für Globale Gesundheit. Sep 26, 2014. https://www.ippnw.de/commonFiles/pdfs/Soziale_Verantwortung/fachtagung-globale-gesundheit.pdf. (accessed Mar 15, 2017).

14 Gebauer T. Das Konzept der sozialen Determinanten von Gesundheit – Wo ist der Aktionsplan für die deutsche Innen- und Außenpolitik? Documentation of the conference of the Deutsche Plattform für Globale Gesundheit. Sep 26, 2014. https://www.ippnw.de/commonFiles/pdfs/Soziale_Verantwortung/fachtagung-globale-gesundheit.pdf. (accessed Mar 15, 2017).

15 Steinmeier FW. Germany's New Global Role – Berlin steps up. Foreign Affairs 2016; (July/August). <https://www.foreignaffairs.com/articles/europe/2016-06-13/germany-s-new-global-role>. (accessed Dec 1, 2016).

16 Huber J. Pioneer countries and the global diffusion of environmental innovations: Theses from the viewpoint of ecological modernization theory. Global Environmental Change 2008; 18 (3): 360—367. <http://dx.doi.org/10.1016/j.gloenvcha.2008.03.004>

17 Dröge S. The Paris Agreement 2015 – Turning Point for the International Climate Regime. SWP Research Paper 2016; RP 4. https://www.swp-berlin.org/fileadmin/contents/products/research_papers/2016RP04_dge.pdf. (accessed Mar 15, 2017).

18 Steinmeier FW. Germany's New Global Role – Berlin steps up. Foreign Affairs 2016; (July/August). <https://www.foreignaffairs.com/articles/europe/2016-06-13/germany-s-new-global-role>. (accessed Dec 1, 2016).

19 Given this context, it is no surprise that the Deutsche Investitions- und Entwicklungsgesellschaft (DEG) was established only one year after the BMZ as an organization that would focus on business support and financing to support industrial development in developing countries. See: Schmidt S. Development cooperation as a strategic field of German foreign policy. *Aus Politik Und Zeitgeschichte* 2015; 65(7-9): 29–35. https://www.bpb.de/system/files/dokument_pdf/APuZ_2015-07-09_online.pdf. (accessed Jan 6, 2017).

20 See for example: Federal Foreign Office of Germany. "Review 2014 - A Fresh Look at Foreign Policy"- Closing Remarks by Foreign Minister Frank-Walter Steinmeier. Federal Foreign Office 2014. http://www.auswaertiges-amt.de/EN/Infoservice/Presse/Reden/2014/140520-BM_Review2014_Abschlussrede.html. (accessed Jan 22, 2017).

21 Gauck J. Deutschlands Rolle in der Welt: Anmerkungen zu Verantwortung, Normen und Bündnissen. Eröffnung der 50. Münchner Sicherheitskonferenz. Der Bundespräsident. <http://www.bundespraesident.de/SharedDocs/Reden/DE/Joachim-Gauck/Reden/2014/01/140131-Muenchner-Sicherheitskonferenz.html>. (accessed 12 Feb, 2017).

22 Ischinger W. More EU Foreign and Security Policy. Munich; Feb 2017. <https://www.securityconference.de/en/news/article/more-eu-foreign-and-security-policy/>. (accessed Mar 15, 2017).

23 BMF. Bundeskabinett beschließt Eckwerte für Haushalt 2018 und Finanzplan bis 2021. Federal Ministry of Finance. 2017. <http://www.bundesfinanzministerium.de/Content/DE/Pressemitteilungen/Finanzpolitik/2017/03/2017-03-15-pm-eckwertebeschluss.html>. (accessed Mar 15, 2017).

24 Assessing resource flows specifically for global health remains a challenging task, as most measures include only development aid for health rather than assessing the wide range of financial flows that contribute to address health problems that transcend national boundaries. Key sources are provided by the OECD Development Assistance Committee (OECD-DAC) and the Institute for Health Metrics (IHME). Our analysis rests on the most

recent OECD-DAC data and the online appendix provides information on the differences to the IHME. Our methodology follows the approaches also used by other organizations. See for example: <https://donortracker.org/>

25 Kickbusch I. (2015). What explains Germany's new role in global health? *BMJ* 2015;351:h6715 <http://doi.org/10.1136/bmj.h6715>

26 Merkel A. Speech by Federal Chancellor Angela Merkel on the occasion of the 51st Munich Security Conference. The Federal Government of Germany. 2015. https://www.bundesregierung.de/Content/EN/Reden/2015/2015-02-07-merkel-sicherheitskonferenz_en.html?nn=393812 (accessed Jan 11, 2017).

27 The Federal Government of Germany. Chancellor's proposals for crisis management: White Helmets against Ebola. The Federal Government of Germany. 2015. https://www.g7germany.de/Content/EN/Artikel/2015/01_en/2015-01-27-gavi-sechs-punkte_en.html;jsessionid=79AD939E98676F0B1D97701C778474D6.s1t2 (accessed 13 Jan, 2017).

28 Gröhe H. Global Health als Schwerpunkt der Gesundheitspolitik [Speech at the kick-off of the master program Global Health at the University Hospital Bonn, 12.12.2016]. Universitäts Klinikum Bonn News Room. 2016. https://ukbnewsroom.files.wordpress.com/2016/12/masterstudiengang_global_health_red_e_bm_groehe_ukb.pdf (accessed Jan 11, 2017).

29 Global Health Security Agenda. GHSA Membership. GHSA. 2016. <https://www.ghsagenda.org/members> (accessed 15 Feb, 2017).

30 Federal Government of Germany. Greater Solidarity in refugee policy. Federal Government of Germany. 2016. https://www.bundesregierung.de/Content/EN/Artikel/2016/09_en/2016-09-21-un-us-gipfel-new-york_en.html (accessed Jan 19, 2017).

31 WHO. Contingency Fund for Emergencies income and allocations. World Health Organization. 2017. http://www.who.int/about/who_reform/emergency-capacities/contingency-fund/contribution/en/ (accessed Jan 20, 2017).

32 Deutscher Bundestag. Regierungskonferenz vom 30.Mai. [press conference protocol]. 2016. <https://www.bundesregierung.de/Content/DE/Mitschrift/Pressekonferenzen/2016/05/30-11-30-regpk.html> (accessed Jan 25, 2017).

33 Butler D. Billion-dollar project aims to prep vaccines before epidemics hit. *Nature.com News*. 2017. <http://www.nature.com/doi/10.1038/nature.2017.21329> (accessed Jan 19, 2017), Jahn T. Bill Gates Launches Coalition to Fight Epidemics.

Handelsblatt Global. 2017. <https://global.handelsblatt.com/politics/bill-gates-launches-coalition-to-fight-epidemics-685542> (accessed Jan 30, 2017).

34 Munich Security Conference 2017. Health Security: Small Bugs, Big Bombs. Munich, Germany: Munich Security Conference, 2017. <http://report.securityconference.de/>. (accessed 12 Feb, 2017).

35 Consequently, the organizations wish to see the following health issues incorporated into the G20 development and health tracks: “Universal Health Coverage (UHC) and Health Systems Strengthening (HSS) as agreed in SDG3; global pandemic preparedness and response; antimicrobial resistance (AMR); research and development (R&D); ending the epidemics of neglected and poverty-related diseases (NTDs, PRDs); and finishing the 'unfinished business' of the Millennium Development Goals (MDGs) in the spirit of the SDG principle of ‘Leaving No One Behind’. We furthermore call on the G20 to strengthen the World Health Organization (WHO) to enable a coherent global health policy that is adequately financed.” VENRO, MSF. G20 and Global Health - A Global Responsibility to implement the Sustainable Development Goals. Berlin: Medecins Sans Frontieres, VENRO, 2017. http://venro.org/uploads/tx_igpublikationen/Venro-MSF_G20_Positionpaper-final.pdf (accessed Feb 17, 2017).

36 ICSW. Social Protection Floor Initiative. International Council on Social Welfare, 2010. http://www.icsw.org/images/docs/SPF/SPFI_Brochure_Jun10_Eng.pdf (accessed 12 Feb, 2017).

37 Gebauer T. Das Konzept der sozialen Determinanten von Gesundheit – Wo ist der Aktionsplan für die deutsche Innen- und Außenpolitik? Documentation of the conference of the Deutsche Plattform für Globale Gesundheit. Sep 26, 2014. https://www.ippnw.de/commonFiles/pdfs/Soziale_Verantwortung/fachtagung-globale-gesundheit.pdf (accessed Mar 15, 2017).

38 Schmidt S. Development cooperation as a strategic field of German foreign policy. Aus Politik Und Zeitgeschichte 2015; 65(7-9): 29–35. https://www.bpb.de/system/files/dokument_pdf/APuZ_2015-07-09_online.pdf (accessed Jan 6, 2017).

39 BMZ. Marshallplan mit Afrika: Neue Partnerschaft für Entwicklung, Frieden und Zukunft. BMZ. 2017. https://www.bmz.de/de/presse/aktuelleMeldungen/2017/januar/170118_pm_006_Marshallplan-mit-Afrika-neue-Partnerschaft-fuer-Entwicklung-Frieden-und-Zukunft/index.jsp (accessed Jan 21, 2017).

40 Steinmeier FW. Imagine there’s a war... – Speech by Foreign Minister Frank-Walter Steinmeier at the German Association for Peace and Conflict Studies. Auswärtiges Amt.

2015. http://www.auswaertiges-amt.de/EN/Infoservice/Presse/Reden/2015/150319_AGFriedensKonfliktforschung.html (accessed Jan 22, 2017).

41 Atlani-Duault L, Dozon JP, Wilson A, Delfraissy JF, Moatti JP. State humanitarian verticalism versus universal health coverage: A century of French international health assistance revisited. *The Lancet* 2016; 387(May): 2250–2262. [http://dx.doi.org/10.1016/S0140-6736\(16\)00379-2](http://dx.doi.org/10.1016/S0140-6736(16)00379-2) (accessed Jan 20, 2017).

42 See for example: Steinmeier FW. Germany's New Global Role – Berlin steps up. *Foreign Affairs* 2016; (July/August). <https://www.foreignaffairs.com/articles/europe/2016-06-13/germany-s-new-global-role> (accessed Dec 1, 2016), Anan K. Globalisation – Germany's Moment. 2014. <http://www.aussenpolitik-weiter-denken.de/en/external-view/article/globalisierung-eine-chance-fuer-deutschland.html> (accessed Dec 20, 2016).

43 Merkel A. Statement by Federal Chancellor Angela Merkel at the 68th session of the WHO World Health Assembly. WHO. May 18, 2015. <http://www.who.int/mediacentre/events/2015/wha68/merkel-speech-wha68.pdf> (accessed 31 Jan, 2017).

44 Federal Government of Germany. Germany's G20 Presidency begins [G20 agenda presented to Cabinet]. Federal Government of Germany. 2016. https://www.g20.org/Content/EN/Artikel/2016/11_en/2016-11-30-g20-kernbotschaften-im-kabinett_en.html (accessed Dec 14, 2016).

45 See for example the answers of the German government to a request in the parliament: Deutscher Bundestag. Bundestagsdrucksache 18/6864. Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Kordula Schulz-Asche, Uwe Kekeritz, Dr. Frithjof Schmidt, weiterer Abgeordneter und der Fraktion BÜNDNIS 90/DIE GRÜNEN. Deutscher Bundestag. 2015. <http://dipbt.bundestag.de/dip21/btd/18/068/1806864.pdf> (accessed Jan 23, 2017).

46 WHO. WHO's Financing Dialogue 2016. A proposal for increasing the assessed contribution. Geneva: World Health Organization 2016. <http://www.who.int/about/finances-accountability/funding/financing-dialogue/assessed-contribution.pdf?ua=1> (assessed Mar 22, 2017), Clift C. What's the World Health Organization For? - Final Report from the Centre on Global Health Security Working Group on Health Governance. London: Chatham House, 2014 https://www.chathamhouse.org/sites/files/chathamhouse/field/field_document/20140521_WHOHealthGovernanceClift.pdf

47 The authors' calculations are based on OECD-DAC figures for bilateral health spending and imputed multilateral ODA spending on health. See footnote 24 and the web appendix.

48 Federal Foreign Office of Germany. Open Working Group on Sustainable Development Goals: Statement by State Minister Maria Böhmer on behalf of France, Germany and Switzerland. Federal Foreign Office. 2014. http://www.auswaertiges-amt.de/cae/servlet/contentblob/672126/publicationFile/190495/140304_Rede%20OWG.pdf (accessed Jan 13, 2017).

49 Grüning T, Weishaar H, Collin J, Gilmore AB. Tobacco industry attempts to influence and use the German government to undermine the WHO Framework Convention on Tobacco Control. *Tobacco Control* 2012; 21(1), 30–38. <http://doi.org/10.1136/tc.2010.042093>

50 Yache D. The origins, development, effects, and future of the WHO Framework Convention on Tobacco Control: a personal perspective. *The Lancet* 2014; January 22. DOI: [http://dx.doi.org/10.1016/S0140-6736\(13\)62155-8](http://dx.doi.org/10.1016/S0140-6736(13)62155-8). <https://www.mailman.columbia.edu/sites/default/files/legacy/Lancet.pdf> (accessed Feb 22, 2017).

51 Bundesregierung. Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Frank Tempel, Ulla Jelpke, Katja Kipping, weiterer Abgeordneter und der Fraktion DIE LINKE. – Drucksache 18/11063 – Tabaklobby und Tabakregulierung. March 03, 2017. <http://dip21.bundestag.de/dip21/btd/18/113/1811368.pdf>

52 See for example: Spatz J. New tobacco control law: Little to celebrate in Germany. <http://www.fctc.org/fca-news/opinion-pieces/1398-new-tobacco-control-law-little-to-celebrate-in-germany> (accessed Mar 1, 2017).

53 Deutscher Bundestag. Bundestagsdrucksache 18/7510. The Federal Government's answer to written inquiries in the 8th week of February, 2016. Deutscher Bundestag. 2016. <http://dipbt.bundestag.de/doc/btd/18/075/1807510.pdf> (accessed Jan 22, 2017).

54 Deutscher Bundestag. Questions for Q&A session during the 229th session of the Bundestag in Berlin. Deutscher Bundestag. 2002. <http://dipbt.bundestag.de/doc/btp/14/227/14229227.35.pdf> (accessed Jan 30, 2017), Deutscher Bundestag. Questions for the session in the week of the 6th May 2013. Deutscher Bundestag. 2013. <http://dipbt.bundestag.de/extrakt/ba/WP17/534/53472.html> (accessed Jan 30, 2017).

55 For the role of the private sector in the negotiations see for example: Grüning T, Weishaar H, et al. Tobacco industry attempts to influence and use the German government

to undermine the WHO Framework Convention on Tobacco Control. Tobacco Control 2012;21 (1): 30—38.

56 Deutscher Bundestag. Drucksache 18/8712. Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Kordula Schulz-Asche, Friedrich Ostendorff, Maria Klein-Schmeink, weiterer Abgeordneter und der Fraktion BÜNDNIS 90/DIE Grünen. Deutscher Bundestag. 2016. <http://dipbt.bundestag.de/doc/btd/18/087/1808712.pdf> (accessed 14 Jan, 2017).

57 Deutscher Bundestag. Bundestagsdrucksache 18/4171. Antwort auf die Kleine Anfrage: Maßnahmen der Bundesregierung im Kampf gegen die Ebola-Epidemie in Westafrika. Deutscher Bundestag. 2015. <http://dipbt.bundestag.de/doc/btd/18/041/1804171.pdf> (accessed Jan 26, 2017).

58 See for example the Members of Parliament that were awarded with the Memento Award for their engagement in the fight against neglected tropical diseases: Memento Preis. Der Memento Preis. 2016. <http://www.memento-preis.de/der-memento-preis/> (last accessed Jan 4, 2017).

59 Deutscher Bundestag. Bundestagsdrucksache 18/2487. Report of the Federal Government of Germany on cooperation between the Federal Republic of Germany and the United Nations and other globally active international organizations and institutions within the framework of VN-Systems in 2012-2013. Deutscher Bundestag 2014. <http://dipbt.bundestag.de/dip21/btd/18/024/1802487.pdf> (accessed Jan 24, 2017).

60 Evidence to Policy Initiative. Global health policymaking in Germany. 2011. http://www.seekdevelopment.org/e2pi_country_profile_germany_may_2011.pdf (accessed Feb 10, 2017).

61 See for example: German National Academy of Sciences Leopoldina, acatech – National Academy of Science and Engineering and Union of the German Academies of Sciences and Humanities (2015): Public Health in Germany – Structures, Developments and Global Challenges. Halle (Saale)., Bachrach S. In the Name of Public Health – Nazi Racial Hygiene. The New England Journal of Medicine 2004; 351: 417—420.

62 BMG. Shaping Global Health - Taking Joint Action - Embracing Responsibility. The Federal Government's Strategy Paper. Federal Ministry of Health 2013. https://health.bmz.de/what_we_do/Sector-strategies/shaping-global-health/index.jsp (accessed Jan 22, 2017).

63 BMG. Shaping Global Health - Taking Joint Action - Embracing Responsibility. The Federal Government's Strategy Paper. Federal Ministry of Health. 2013.

https://health.bmz.de/what_we_do/Sector-strategies/shaping-global-health/index.jsp
(accessed Jan 22, 2017).

64 Auswärtiges Amt. Globale Gesundheitspolitik. Auswärtiges Amt. 2016.
http://www.auswaertiges-amt.de/DE/Aussenpolitik/GlobaleFragen/Gesundheit/Gesundheitspolitik_node.html
(accessed Dec 18, 2016).

65 Sachs JD. Macroeconomics and Health: Investing in Health for Economic Development: Report of the Commission on Macroeconomics and Health. Geneva: World Health Organization, 2001.
<http://www1.worldbank.org/publicsector/pe/PEAMMarch2005/CMHReport.pdf> (accessed Jan 7, 2017).

66 Rüppel J. Deutschlands Beiträge für die globale Gesundheit und HIV- Bewältigung im Kontext der Verwirklichung der Millenniums- Entwicklungsziele Inhalt. Aktionsbündnis gegen Aids, Missionsärztliches Institut Würzburg. Action against AIDS Germany, 2016.
http://www.aids-kampagne.de/sites/default/files/deutschlands_oda_beitrag_entwicklung_gesundheit_hiv_antwort2000-2015_pro2020_aug16.pdf (accessed Jan 8, 2017).

67 Rüppel J. Deutschlands Beiträge für die globale Gesundheit und HIV- Bewältigung im Kontext der Verwirklichung der Millenniums- Entwicklungsziele Inhalt. Aktionsbündnis gegen Aids, Missionsärztliches Institut Würzburg. Action against AIDS Germany, 2016.
http://www.aids-kampagne.de/sites/default/files/deutschlands_oda_beitrag_entwicklung_gesundheit_hiv_antwort2000-2015_pro2020_aug16.pdf (accessed Jan 8, 2017).

68 Evidence to Policy Initiative (E2Pi). Global Health Policymaking in Germany. Evidence to Policy Initiative. 2011.
http://www.seekdevelopment.org/e2pi_country_profile_germany_may_2011.pdf (accessed Jan 12, 2017).

69 See the publications of the website of the global health group: VENRO. Gesundheit.
<http://venro.org/themen/themen-gesundheit/> (accessed Jan 20, 2017).

70 See for example a recent comment in a blog accompanying the G20 process: Meier M, Redepenning B. Commitments on Global Health. Dec 09, 2016.
https://www.boell.de/en/2016/12/09/commitments-global-health?dimension1=ds_g20_en
(accessed Mar 22, 2017).

- 71 Medico International. Global Health Policy – For everyone, everywhere. Medico International. 2015. <https://www.medico.de/en/global-health-policy-for-everyone-everywhere-15980/#> (accessed Jan 13, 2017).
- 72 Statistisches Bundesamt. Health Expenditure Figures. Destatis.de. 2016. <https://www.destatis.de/EN/FactsFigures/SocietyState/Health/HealthExpenditure/HealthExpenditure.html> (accessed Jan 31, 2017).
- 73 Drugs for Neglected Diseases Initiative. Medical innovation for neglected patients: important progress over past ten years, but “fatal Imbalance” persists. Médecins Sans Frontières. 2012. <https://www.aerzte-ohne-grenzen.de/sites/germany/files/attachments/2012-12-13-medical-innovations-for-neglected-patients.pdf> (accessed Feb 23, 2017)
- 74 Kaffes I, Moser F, Pham M, Oetjen A, Fehling M. Global health education in Germany: an analysis of current capacity, needs and barriers. BMC Medical Education 2016; (16):1–14.
- 75 Kaffes I, Moser F, Pham M, Oetjen A, Fehling M. Global health education in Germany: an analysis of current capacity, needs and barriers. BMC Medical Education 2016; (16):1–14.
- 76 Kaffes I, Moser F, Pham M, Oetjen A, Fehling M. Global health education in Germany: an analysis of current capacity, needs and barriers. BMC Medical Education 2016; (16):1–14.
- 77 Napoli I, Böcking D. Global health education in the focus of research. Berlin: Bundesministerium für Bildung und Forschung/Federal Ministry of Education and Research (BMBF), 2016.
- 78 Symposiumsbericht – Zukunft von Public Health in Deutschland aktiv gestalten. Gesundheitswesen 2016 78(12), 795.
- 79 Razum O, Zeeb H. Global Public Health, Gesundheitswesen 79, special issue „Zukunftsforum Public Health“ (forthcoming 2017).
- 80 Deutscher Bundestag. Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Uwe Kekeritz, Claudia Roth (Augsburg), Peter Meiwald, weiterer Abgeordneter und der Fraktion BÜNDNIS 90/DIE GRÜNEN – Drucksache 18/8369 – Zusammenarbeit der Bundesregierung mit privaten Stiftungen, insbesondere der Bill & Melinda Gates Foundation. Deutscher Bundestag. August 06, 2016. <http://dipbt.bundestag.de/doc/btd/18/087/1808714.pdf> (last accessed Feb 21, 2017).

81 Martens J, Seitz K. Gestiftete Entwicklung? Die Kooperation zwischen der deutschen Entwicklungspolitik und privaten Stiftungen. MISEREOR and Brot für die Welt. 2017. <https://www.misereor.de/fileadmin/publikationen/studie-gestiftete-entwicklung.pdf> accessed Feb 20, 2017).

82 Volkswagenstiftung. Freigeist-Fellowships: 10 Mio für außergewöhnliche junge Forscher(innen) bewilligt. Jul 29, 2016. <https://www.volkswagenstiftung.de/aktuelles-presse/aktuelles/aktuelles-news/news/detail/artikel/freigeist-fellowships-10-mio-euro-fuer-aussergewöhnliche-junge-forscherinnen-bewilligt/marginal/5094.html> (accessed March 13, 2017).

83 ScienceWatch. The Most-Cited Institutions Overall, 1999-2009. Aug, 2009. <http://archive.sciencewatch.com/inter/ins/09/09Top20Overall/> (accessed Feb 1, 2017).

84 Commission of Experts for Research and Innovation. Research, Innovation and Technological Performance in Germany. Report 2017. EFI. 2017. http://www.e-fi.de/fileadmin/Gutachten_2017/EFI_Summary_2017.pdf (accessed 12 Feb, 2017).

85 The success of German chemical and pharmaceutical R & D may be evaluated by comparing the numbers of Nobel prizes for chemistry. From 174 persons who were awarded from 1901 to 2016, 29 came from Germany, which is the second in the ranking list after the USA: Nobel Foundation. Nobel Laureates and Country of Birth. See: Nobel Foundation. 2017. http://www.nobelprize.org/nobel_prizes/lists/countries.html (accessed Jan 11, 2017), Nobel Foundation. All Nobel Prizes in Chemistry. Nobel Foundation. 2017. http://www.nobelprize.org/nobel_prizes/chemistry/laureates/index.html (accessed Jan 11, 2017).

86 Scientific progress in global health and tropical medicine was for a long time closely associated with colonialism, and of course rather for exploitative reasons than for the welfare of the indigenous populations. As Germany never was a great sea-driving nation as for example UK, France, The Netherlands, Spain or Portugal, almost no famous geographical discoveries abroad as a prerequisite of colonialism were made by Germans. In addition, Germany had only little natural resources and was very late in establishing colonies. Therefore, the search for substitutes including synthetic drugs against tropical diseases was already ongoing when the first German colonies were established. See: Hobhouse H. Seeds of Change. Six plants that transformed mankind. London: Sidgwick & Jackson, 1985.

87 BMBF. Health Research Framework Programme of the Federal Government. Bundesministerium für Bildung und Forschung/Federal Ministry of Education and Research (BMBF). 2010. http://www.gesundheitsforschung-bmbf.de/_media/Gesundheitsforschungsprogramm_engl_barrierefrei.pdf (accessed Jan 14, 2017).

- 88 BMBF. Research funding concept Neglected and poverty-related diseases. Bundesministerium für Bildung und Forschung/Federal Ministry of Education and Research (BMBF). 2011. [http://www.gesundheitsforschung-bmbf.de/_media/neglected_poverty_related_diseases\(1\).pdf](http://www.gesundheitsforschung-bmbf.de/_media/neglected_poverty_related_diseases(1).pdf) (accessed Jan 22, 2017).
- 89 BMBF. Global health in the focus of research - Funding concept: Neglected and poverty-related diseases. Bundesministerium für Bildung und Forschung/Federal Ministry of Education and Research (BMBF). 2015. https://www.bmbf.de/pub/Global_health.pdf (accessed Jan 15, 2017).
- 90 Global Funding of Innovation for Neglected diseases. Neglected Disease Research and Development: The Ebola Effect. Policy Cures and G-Finder. 2015. http://policycures.org/downloads/Y8_GFINDER_full_report_web.pdf (accessed Jan 9, 2017).
- 91 Global Funding of Innovation for Neglected diseases. An emerging leader: Germany's role in neglected and poverty-related disease R&D. G-Finder and Policy Cures 2013. http://policycures.org/downloads/GF_GermanReport_English.pdf (accessed Jan 9, 2017).
- 92 BMBF. The Africa Strategy 2014–2018: Africa as a Partner in Education and Research. Bundesministerium für Bildung und Forschung/Federal Ministry of Education and Research (BMBF). 2014. https://www.bmbf.de/pub/Afrika_Strategie_eng.pdf (accessed Jan 13, 2017).
- 93 BMBF. Global health in the focus of research - Funding concept: Neglected and poverty-related diseases. Bundesministerium für Bildung und Forschung/Federal Ministry of Education and Research (BMBF). 2015. https://www.bmbf.de/pub/Global_health.pdf (accessed Jan 15, 2017).
- 94 VENRO, MSF. G20 and Global Health - Attaining the Sustainable Development Goals of the 2030 Agenda. Medecins Sans Frontieres and VENRO. 2016. http://venro.org/uploads/tx_igpublikationen/Position_Paper_G20_and_Health_ENG_FINAL_01.pdf (accessed Jan 15, 2017).
- 95 Original quote: "Es gibt heute nicht mehr ‚Hier ist Außenpolitik, und da ist Innenpolitik‘. Die Welt ist viel zu verwoben, als dass die Sicherheit, der Wohlstand, die Prosperität unserer Bürgerinnen und Bürger nicht von all dem abhängt, was wir in den internationalen Beziehungen tun, was dort stattfindet." From: Merkel A. Speech of Federal Chancellor Angela Merkel during the budget debate 2016. Die Bundeskanzlerin. 2016. <https://www.bundeskanzlerin.de/Content/DE/Regierungserklaerung/2016/2016-11-24-regierungserklaerung.html> (accessed Jan 24, 2017).
- 96 Huddleston T, Bilgili Ö, Joki A-L & Vankova Z. Migrant Integration Policy Index 2015. CIDOB, MPG. 2015.

http://www.mipex.eu/sites/default/files/downloads/pdf/mipex_GENERAL_PRESENTATION.pdf (accessed Jan 9, 2017).

97 BMZ. The BMZ's Africa Policy: New challenges and focuses. Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ) Strategy Paper 2016; 4/2016: 1—13.

https://www.bmz.de/en/publications/type_of_publication/strategies/Strategiepapier364_04_2016.pdf (accessed Jan 22, 2017).

98 See for example his recent speech at the University Hospital in Bonn: „Weak health systems and inadequate health coverage are also a reason why people seek a long and dangerous way out of their current living conditions and seek refuge in Europe. Thus, strengthening health systems in other countries – using ‚global health‘ – also serves the purpose of combatting the reasons why people flee their countries.“ [Authors' translation. Original: „Schwache Gesundheitssysteme und eine mangelhafte Gesundheitsversorgung sind aber auch ein Grund, warum Menschen einen langen und gefährlichen Ausweg aus ihren Lebensverhältnissen suchen und nach Europa fliehen. Das Stärken der Gesundheitssysteme vor Ort - mit Hilfe von „Global Health“ - dient also auch dazu, die Fluchtursachen zu bekämpfen.“]. See: Gröhe H. Global Health als Schwerpunkt der Gesundheitspolitik [Speech at the kick-off event of the master program Global Health at the University Hospital Bonn, 12.12.2016]. Universitäts Klinikum Bonn News Room. 2016. https://ukbnewsroom.files.wordpress.com/2016/12/masterstudiengang_global_health_red_e_bm_groehe_ukb.pdf (accessed Jan 11, 2017).

99 Jacobsen L, Vu V. Was vom Türkei-Deal übrig ist. Aug 7, 2016. <http://www.zeit.de/politik/ausland/2016-08/eu-tuerkei-abkommen-fluechtlinge-asylverfahren-finanzierung/komplettansicht> (accessed Feb 13, 2017).

100 BMZ. Federal budget 2017. Big increase in BMZ budget. Addressing crises, giving people on the ground a better future. Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ) Press Release. Nov 11, 2016. <http://www.bmz.de/20161111-1en> (accessed Dec 12, 2016).

101 BMF. Eckwertebeschluss der Bundesregierung zum Regierungsentwurf des Bundeshaushalts 2018 und zum Finanzplan 2017 bis 2021. Federal Ministry of Finance Press Release. March 15, 2017. http://www.bundesfinanzministerium.de/Content/DE/Pressemitteilungen/Finanzpolitik/2017/03/2017-03-15-eckwertebeschluss-kabinetttvorlage.pdf?__blob=publicationFile&v=2 (accessed March 15, 2017).

102 BMZ. Federal budget 2017. Big increase in BMZ budget. Addressing crises, giving people on the ground a better future. BMZ Press Release. Nov 11, 2016. <http://www.bmz.de/20161111-1en> (accessed Dec 12, 2016).

103 See for example: Deutsches Institut für Menschenrechte. Deutsche Asylpolitik: Gesetzesvorhaben unterlaufen Menschenrechte von Flüchtlingen. May 2014. https://www.institut-fuer-menschenrechte.de/uploads/tx_commerce/aktuell_5_2014_Deutsche_Asylpolitik_Gesetzesvorhaben_unterlaufen_Menschenrechte_von_Fluechtlingen.pdf (accessed Mar 15, 2017) & Krennerich M. German foreign policy and human rights. In Lettinga D and van Trost, L. Shifting Power and Human Rights Diplomacy: Germany. Netherlands: Amnesty International, 2016. https://www.amnesty.nl/content/uploads/2016/11/shifting_power_and_human_rights_diplomacy_germany_web.pdf (accessed Mar 1, 2017).

104 Science 20 Dialogue. Improving global health – Strategies and tools to combat communicable and noncommunicable diseases. Halle: German National Academy of Sciences Leopoldina, 2017. <https://www.leopoldina.org/de/publikationen/detailansicht/publication/verbesserung-der-globalen-gesundheit-2017/> (accessed Mar 22, 2017).

105 Liu P, Guo Y, Quian X, Tang S, Li Z, Chen L. China's distinctive engagement in global health. *The Lancet* 2014; 384(9945): 793–804.

106 Civil2020. Health Civil Society Recommendations to the G20. Mar 15, 2017 <http://civil-20.org/main/wp-content/uploads/2017/03/Health.pdf> (accessed Mar 22, 2017).

107 Munir K, Leppert G. Health systems strengthening in German development cooperation an unfinished business. DEval Policy Brief 2016; (3). [https://www.deval.org/files/content/Dateien/Evaluierung/Policy%20Briefs/DEval_Policy%20Brief%2003-2016\(GB\)_WEB.pdf](https://www.deval.org/files/content/Dateien/Evaluierung/Policy%20Briefs/DEval_Policy%20Brief%2003-2016(GB)_WEB.pdf)

108 Munir K, Freund M. German Cooperation's Contribution to Global Health – Portfolio Analysis. German Institute for Development Evaluation (DEval): Bonn, 2016. <https://www.deval.org/en/evaluation-reports.html> (accessed Dec 15, 2016)

109 Razum O, Wenner J, Bozorgmehr K. How the spectre of societal homogeneity undermines equitable healthcare for refugees: Comment on "Defining and acting on global health: the case of Japan and the refugee crisis." *International Journal of Health Policy Management* 2016; 5(x): 1–3.

- 110 Bozorgmehr K, Bruchhausen W, Hein W, et al. The global health concept of the German government: strengths, weaknesses, and opportunities. *Global health action* 2014; 7: 23445.
- 111 Bozorgmehr K, Rethinking the 'global' in global health: a dialectic approach. *Globalization and Health* 2010; 6: 19.
- 112 Spallek J, Zeeb H, Razum O. Prevention among immigrants: the example of Germany. *BMC Public Health* 2010; 10(1): 92.
- 113 European Commission. The EU Role in Global Health. EU Commission Communication. 2010. https://ec.europa.eu/europeaid/sites/devco/files/communication-eu-role-in-global-health-com2010128-20100331_en.pdf (accessed Jan 15, 2017).
- 114 Pariat M. Europe's medical emergency response. *Crisis Response Journal* 2016; 11(3): 58—59. http://ec.europa.eu/echo/sites/echo-site/files/europes_medical_emergency_response.pdf (accessed Feb 23, 2017).
- 115 acatech-National Academy of Science and Engineering, Union of the German Academies of Sciences and Humanities, German National Academy of Sciences Leopoldina. Public Health in Germany – Structures, Developments and Global Challenges. Halle (Saale): German National Academy of Sciences Leopoldina, National Academy of Science and Engineering-acatech, Union of the German Academies of Sciences and Humanities 2015. http://www.akademienunion.de/fileadmin/redaktion/user_upload/Publikationen/Stellungnahmen/3Akad_Stellungnahme_Public_Health_EN_web.pdf (accessed Jan 9, 2017).
- 116 Deutsche Plattform für Globale Gesundheit (Eds). *Gesundheitspolitik – für alle Menschen an jedem Ort*. Frankfurt. 2014. https://www.medico.de/fileadmin/_migrated_/document_media/1/globale-gesundheitspolitik-fuer-alle-menschen-.pdf (accessed Jan 11, 2017).

—

9 Conflict of Interest

All authors have completed the ICMJE uniform disclosure form at www.icmje.org/coi_disclosure.pdf and declare: no support from any organisation for the submitted work. Ms. Kickbusch reports that the German Government has involved her in various ways in the G7 and G20 preparations and meetings as a moderator, speaker and conference participant. She is the chair of the Council of the World Health Summit, Berlin. She is presently engaged in providing strategic advice to the German Network against Neglected Tropical Diseases. Mr. Franz declared that he is presently engaged in providing strategic advice to the German Network against Tropical Diseases. Mr. Köhler declared that he is member of the Board of the German Network against Neglected Tropical Diseases. Mr.

Jahn, Ms. Holzscheiter, Ms Hunger, Mr. Razum, and Mr. Schmidt declare have no other relationships or activities to declare that could appear to have influenced the submitted work.

10 Author contribution

The various drafts of this paper were written by Ilona Kickbusch with support of Christian Franz based on intensive discussions with and input by all co-authors. Two face to face author meetings were held to agree on approach, structure and key messages. The co-authors commented extensively on each subsequent draft and redrafted specific sections. AH, AJ, and OR especially provided input on the overall analysis, IH on health security, CK on research and NTDs, JOS on development and OR on migration and on education for global health. The final version was agreed by all co-authors as were the recommendations and key messages.